FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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	OMB AP	PROVAL
	OMB Number:	3235-0076
	Evniroe:	May 24 2005

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OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response 16.00

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	dment and name has changed, and indicate change.)	
Offering of limited liability company intere	ests	m ≠ 2 × 1
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 50	06 Section 4(6) DULOE
Type of Filing: New Filing Ame	endment	S.C. Ar.
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the iss	uer	12 1/2
Name of Issuer (check if this is an amen	dment and name has changed, and indicate change.)	121 51
Great Western Steel Company LLC		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2500 Euclid Avenue Chicago Heights, Illin	ois 60411	(708) 756-0400
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Same as above.		<i>_</i>
Brief Description of Business		<u> </u>
The Company operates a steel service center	er and engages in the business of producing and	distributing specialty electrogalvanized
products, specializing in flat rolled product	ts.	
Type of Business Organization		F-7
corporation	limited partnership, already formed	other (please specify):
business trust	limited partnership, to be formed	limited liability opposition CECET
	Month Year	FROCESSEL
Actual or Estimated Date of Incorporation or Or	ganization: 1 2 0 4	Actual Estimated
lurisdiction of Incomposition on Occasionation.	(Enter two-letter U.S. Postal Service Abbreviation t	FEB 0 7 2007 P
Jurisdiction of Incorporation or Organization:	CN for Canada; FN for other foreign jurisdiction)	for State:
		<u> </u>

GENERAL INSTRUCTIONS

Federal:

THOMSON FINANCIAL

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC IDE	NTIFICATION DATA		
·-	ne issuer, if the is	suer has been organized w	•	disposition of, 1	0% or more of a class of equity
	•	of corporate issuers and of	corporate general and mana	aging partners of p	partnership issuers; and
Each general and m	anaging partner	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Esmark Incorporated	if individual)				
Business or Residence Addr 2500 Euclid Avenue Chi			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, James P. Bouchard	if individual)				
Business or Residence Addr 2500 Euclid Avenue Chi-			de)		-
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Craig T. Bouchard	if individual)				
Business or Residence Addr 2500 Euclid Avenue Chi-			de)		· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Sheffield Wolk	if individual)				
Business or Residence Addr 2500 Euclid Avenue Chi			de)		
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, David R. Ackerman	if individual)				
Business or Residence Addr 2500 Euclid Avenue Chie			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Benjamin Gurecki	if individual)				
Business or Residence Add 2500 Euclid Avenue Chi			Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Richard J. Miller	if individual)				
Business or Residence Add 2500 Euclid Avenue Chie			Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Mars Steel Corporation	if individual)				
Business or Residence Addr 2401 North 25th Avenue Franklin Park, Illinois 60	·	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Thomas Modrowski	if individual)				
Business or Residence Addr 2500 Euclid Avenue Chic	`		de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, John F. Krupinski	if individual)				
Business or Residence Add 2500 Euclid Avenue Chie	•	•	Code)		

I. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?
2. What is the minimum investment that will be accepted from any individual?
3. Does the offering permit joint ownership of a single unit?
3. Does the offering permit joint ownership of a single unit?
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD) [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WT] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)
or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)
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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

١.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an						
	exchange offering, check this box and indicate in the columns below the						
	amounts of the securities offered for exchange and already exchanged. Type of Security		Aggregate		Am	ount Al Sold	ready
	Debt	\$		0	\$	00.0	0
	Equity	\$		0	\$		0
	Common Preferred					•	
	Convertible Securities (including warrants)	\$		0	\$		0
	Partnership Interests	\$		0	\$		0
	Other (Specify limited liability company interests)	\$	2,612,00	0	\$	2,612	,000
	Total	\$	2,612,00		\$	2,612	
	Answer also in Appendix, Column 3, if filing under ULOE.			_		-	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					Aggrega	ste
			Number Investors		Do	llar Am Purcha	ount
	Accredited Investors			4	\$	2,612	,000
	Non-accredited Investors			0	\$		0
	Total (for filings under Rule 504 only)			0	\$		0
	Answer also in Appendix, Column 4, if filing under ULOE.						
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		T. 6				
	Type of offering		Type of Security		Do	llar Am Sold	ount
	Rule 505		•	0	\$		0
	Regulation A			0	\$		0
	Rule 504			0	\$		0
	Total			0	\$		0_
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.						
	Transfer Agent's Fees				<u>\$</u>		0
	Printing and Engraving Costs				<u>\$</u>		0
	Legal Fees	••••		\boxtimes	\$20	0,000	
	Accounting Fees			\boxtimes	\$5,	000	
	Engineering Fees				\$		0
	Sales Commissions (specify finders' fees separately)		••••		\$		0
	Other Expenses (identify)		••••		\$		0
	Total			\boxtimes	\$25	5,000	

		BER OF INVESTORS, EXPE		3 751	TD COL OI II		_	3
	b. Enter the difference between the aggregate off Question I and total expenses furnished in response is the "adjusted gross proceeds to the issuer."	to Part C - Question 4.a. This d	iffere	nce		<u>.</u>	<u> </u>	2,587,000
5.	Indicate below the amount of the adjusted gross pro- used for each of the purposes shown. If the amoun estimate and check the box to the left of the estima- equal the adjusted gross proceeds to the issuer set above.	t for any purpose is not known, ate. The total of the payments I	furni isted	sh a mus	n st			
					Payments to Officers, Directors, &		Pa	syments To
	Salaries and fees			\$	Affiliates 0		\$	Others 0
	Purchase of real estate			\$	<u>°</u>		<u> </u>	0
	Purchase, rental or leasing and installation of			\$	0		\$	0
	Construction or leasing of plant buildings and			\$	0		<u> </u>	0
	Acquisition of other businesses (including the this offering that may be used in exchange for	value of securities involved in the assets or securities of	_					
	another issuer pursuant to a merger)			<u>\$</u>	0			0
	Repayment of indebtedness Working capital			\$	0		\$	0
	Other (specify): Acquisition of intangible as		Ш	<u>\$</u>	0	Ш		0
	Other (specify): Acquisition of intangible as	ssets and equity compensation						
			\boxtimes	_	1,184,846	\boxtimes	_\$_	1,402,154
	Column Totals		\boxtimes	\$	1,184,846	\boxtimes	\$	1,402,154
	Total Payments Listed (column totals added)	·····			⊠ <u>\$</u>	2,	<u>587,0</u>	<u>)00</u>
		D. FEDERAL SIGNATURE	<u> </u>					
sign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to furrmation furnished by the issuer to any non-accredited	nish to the U.S. Securities and E	xcha	nge	Commission, u			
Issu	er (Print or Type)	Signature					<u> </u>	Date
Gre	at Western Steel Company LLC							
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type))					
		Manager of Issuer						

		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 presently of such rule?	subject to any of the disqualification provisions	Yes No □ ⊠
	See	Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to furni (17 CFR 239.500) at such times as required by state	sh to any state administrator of any state in which this notice is flaw.	iled, a notice on Form D
3.	The undersigned issuer hereby undertakes to furni offerees.	ish to the state administrators, upon written request, information f	furnished by the issuer to
4,		is familiar with the conditions that must be satisfied to be entitled his notice is filed and understands that the issuer claiming the available been satisfied.	
	e issuer has read this notification and knows the conter horized person.	nts to be true and has duly caused this notice to be signed on its behal	If by the undersigned duly
Iss	uer (Print or Type)	Signature / / Da	ite, /
Gr	eat Western Steel Company LLC	John & Krysanch 1	126/07
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	
_	JOHN F KRUPINSKI	Vice President (Finance) of Issuer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

END